

(Medical Examination Form) Continued.....

- | | | | |
|---|-----|----|-------|
| 7. Ulcers (gastric or duodenal hiatus, hiatus hernia) gall bladder problems, hepatitis dysentery, gastro-intestinal or abdominal obstructions or any other related disorders | Yes | No | _____ |
| | | | _____ |
| 8. Nervous or mental complaint e.g. epilepsy convulsions, dizziness, blackouts, paralysis meningitis, anxiety states, depression, alcoholism narcotism or any other related disorders | Yes | No | _____ |
| | | | _____ |
| 9. Ear, eye, nose, throat problem, including ear discharge, hearing loss, defective vision tonsillitis, gromets, injuries, or any other ENT disorders? | Yes | No | _____ |
| | | | _____ |
| 10. Diseases of the reproductive system e.g infertility, ovarian cysts, uterine fibroids, abnormality of pregnancy or confinement or any other related reproductive system disorder? | Yes | No | _____ |
| | | | _____ |
| 11. Expecting or planning to have a baby? state the dates. | Yes | No | _____ |
| | | | _____ |
| 12. Sexually transmitted diseases e.g syphilis, gonorrhoea, HIV /AIDS related illness or any other sexually transmitted diseases? | Yes | No | _____ |
| | | | _____ |
| 13. Any physical disabilities or injuries? | Yes | No | _____ |
| | | | _____ |
| 14. Any congenital disease/disability? | Yes | No | _____ |
| | | | _____ |
| 15. Any special dental treatments e.g crown bridge prothodontic and orthodontic appliances or any other dental problems? | Yes | No | _____ |
| | | | _____ |
| 16. Alcoholism, narcotism or any substance abuse problem? | Yes | No | _____ |
| | | | _____ |

Objectives

17. BP _____ Height _____ Weight _____ kg
18. Stethoscopia pulmonis (auscultation lungs) _____
19. Stethoscopia Cordis (auscultation heart) _____
20. Any special abnormality/observation _____
- _____
- _____

(PLEASE TURN OVER)



The medical aid you can trust

(Medical Examination Form) Continued.....

21. If 'yes' to questions (1) and /or (2)

Chest X-ray findings (may attach copy of report) _____

22. If 'yes' to question (12) please inform patient to contact Senior Chronic Ailment Administrator at 3184210.

I hereby declare that the particulars given above are to the best of my knowledge true and correct:

Doctor's signature: _____

Applicants signature: _____

Date: _____

Administered by

